

Use the following OFF DUTY WORK AGREEMENT form when requesting off duty Police Officers for an event that will be going through the Special Event Task Force process.

For <u>all other off duty officer requests</u>, please contact the Off Duty Work Coordinator for the Tempe Police Department at 480-350-8789 or Kay_Pence@Tempe.Gov

Thank you.

Kay Pence
Off Duty Coordinator
Tempe Police Department
480-350-8789
480-858-2210 - fax



TEMPE POLICE DEPARTMENT

SPECIAL EVENTS - OFF-DUTY WORK AGREEMENT



anticipated.										
The Tempe Police Dep	partment and:									
Name of Company/Organization an Arizona (please check): □ individual, □ sole proprietorship, □ partnership, □ corporation, □ association, enter into this agreement, subject to the conditions herein, for Off-Duty Police Department personnel for the following event:										
Person(s) authorized to request Police Dept. personnel:										
Telephone number(office): Cell #:				Fax #:						
Job Location:					Contact person at the Event:					
					Cell # for contact person:					
EXPECTED attendance – per day & for the entire event if the event runs multiple days:										
Specific duties:										
☐ Use of Police vehicle. (If a vehicle is needed and/or required, there will be an additional fee of \$5.60 per hour. Also, there will be an additional 1/2 hr. of pay per officer to allow for time to pick up and return the vehicle to the Station.)										
If more room is needed to indicate day/date information, please include a separate sheet. Any significant changes to dates/days/start or end time will require an amended Agreement or letter on letterhead indicating changes.										
needed & indicate dates start &		Day(s):			Start Date:	Start Time:	End Time:			
		M, T, W, TH, F, SAT, SUN		1	End Date:					
To be completed by Tempe personnel. The required number of off duty personnel will be determined by the Police Department.										
Security Supervisor:	Security Officer:		Sound Meter:	l	Motor Supervisor:	Traffic Control:	Dispatcher:			
	Money Room:		Boat Certified:	ed: Motors:			Other:			
To be completed by Tempe personnel. Report and end times for the required positions.										
Sec. Supervisor:	Security Officer:		Sound Meter:	Motor Supervisor:		Traffic Control:				
Money Room:	Boat Certified:		Dispatcher: N		lotors:	Other:				
Will alcohol be served? YES or NO If yes, license # and Class If liquor license is pending, indicate expected issue date and class requested										
BILLING INFORMA	ATION:									
RATE OF PAY: \$ 67.00 per hour / per employee Following the event, the Special Events Office will send an invoice for all City services incurred for this event.										
Person responsible for payment:				Phone:						
Billing address:				Fax #:						

CONDITIONS

Any employment of Off-Duty Police Department employees must be arranged with the Off-Duty Work Coordinator of the Tempe Police Department. The Tempe Police Department reserves the right to cancel or terminate any Off-Duty Work Agreement in an emergency or other situations as determined by the Tempe Police Chief or designee.

A completed and approved Off-Duty Work Agreement must be on file with the Tempe Police Department PRIOR to any Off-Duty work being performed.

There is a three hour minimum payment, per employee, for all Off-Duty assignments. If the event or assignment is canceled, the Tempe Police Department Off-Duty Work Coordinator must be notified at least 24 hours prior to the scheduled start time identified on Page 1 of this agreement to cancel service. **Failure to cancel service within 24 hours will result in a 3.0 hour minimum charge per employee.** For emergency assistance, or to cancel service after normal business hours, call 480-350-8311.

Pursuant to Tempe City Code Chapter 2 Article VIII Section 2-603(5), the party to this contract shall not refuse to hire or employ or bar or discharge from employment any person, or discriminate against such person in compensation, conditions, or privileges of employment, because of race color, gender, gender identity, sexual orientation, religion, national origin, familial status, age, disability, or United States military veteran status. The undersigned party shall provide a copy of its antidiscrimination policy to confirm compliance with this requirement, or attest in writing to compliance.

Select one	☐ Current copy of antidisci	imination policy attached.	to be in compliance with TCC §	2-603(5).				
The person responsible for payment herein, and the company or organization receiving the services identified above, shall indemnify, defend, release and hold harmless the City of Tempe, the Tempe Police Department, and their officers, agents, employees and officials from and against any and all claims, damages, liabilities, costs and expenses, including attorney fees, arising out of performance of services under this agreement.								
── <mark>Please initial)</mark> I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE CONDITIONS.								
If there are any questions, please contact the Off-Duty Work Coordinator; Tempe Police Department, 480-350-8789.								
This ag	greement is effective/	, th	rough/	<u></u> .				
	Tempe Police Department		Authorized Person OR Person Responsible for Payment	<u> </u>				
	Date		Company Name					

Contact: Off-Duty Work Coordinator, Tempe Police Department Phone: 480-350-8789; Fax: 480-858-2210 Kay Pence@Tempe.gov